



Pharmacy Profile Information Form

NCPDP (aka NABP) #: _____

License / Permit #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact: _____ Email: _____

Pharmacy Type:

☐ Retail Pharmacy ☐ Type II ☐ Non-resident ☐ Mail Order

(CVS, family-owned, etc.) (Hospital or Institutional)

Submission Method:

- ☐ Pharmacy Upload ☐ CD/Floppy Diskette ☐ Zero Report form & Pharmacy Upload
(For locations that fill low amounts but have 0 to report for some weeks)
- ☐ Zero Report form ONLY (This location never dispenses controlled substances to IN residents)
- ☐ This location does not stock or dispense controlled substances and is EXEMPT from reporting to the INSPECT program.

PLEASE COMPLETE THIS FORM AND
EMAIL, FAX OR MAIL IT TO THE INSPECT PROGRAM

Controlled Substances Advisory Committee
ATTN: INSPECT Program
402 West Washington Street Room W 072
Indianapolis, IN 46204

FAX:
317.233.4236

Email:
inspect@pla.in.gov

(Please keep a copy of this form for your records and to make copies for future use)